

THEATER MEDICAL INFORMATION PROGRAM (TMIP)



ASD(HA) ACAT IAM Program

Total Number of Systems:	TBD
Total Program Cost (TY\$):	TBD
Average Unit Cost (TY\$):	TBD
Full-rate production:	1QFY01

Prime Contractor

Litton PRC

SYSTEM DESCRIPTION & CONTRIBUTION TO JOINT VISION 2010

The Theater Medical Information Program (TMIP) is a tri-Service system that will provide information to deployed medical forces to support all medical functional areas, including command and control, medical logistics, blood management, patient regulation and evacuation, medical threat/intelligence, health care delivery, manpower and training, and medical capability assessment and sustainment analysis. TMIP will perform this service by integrating information from other medical systems, including the Composite Health Care System (CHCS), CHCS II, Defense Blood Standard System, Defense Medical Logistics Standard Support, and TRANSCOM Regulating and Command and Control Evacuation System. TMIP will also integrate other medical applications that have been developed for use during deployment.

TMIP will provide an integrated medical information system to support theater operations by linking all echelons of medical care in support of time-sensitive decisions critical to the success of theater

operations. This information will be made available to theater commanders through integration with the Global Command and Control System and Global Combat Support System. In addition, TMIP will support the integration of medical capabilities under a joint concept of operations to assist the medical commander/theater surgeon and support the delivery of seamless combat medical care. TMIP supports the *Joint Vision 2010* concept of *focused logistics* by integrating medical systems at the theater level to support deployed forces, enhancing the Services' capability to collect, process, and disseminate an uninterrupted flow of information, allowing more efficient protection of lives and resources.

BACKGROUND INFORMATION

Although most health functional areas are well supported by automated information systems within the Military Health System, the Theater Health Services are under supported. To further complicate the matter, there is insufficient interoperability between the existing systems to enable seamless information exchange. The TMIP Mission Need Statement, which was revalidated in November 1996, documented the needs of the theater CINCs, joint task force commanders, and their medical support activities for data to make informed and timely decisions. Specific deficiencies identified in the Mission Need Statement include: (1) inadequate command and control systems; (2) insufficient interoperability; (3) limited electronic data collection; and (4) inadequate communications support.

TMIP will be developed incrementally in "blocks" and "builds" of increasing functionality and integration. The military Services are expected to fund their own infrastructure (networks and communications) and computer hardware to host the software in the theater environment. The program was awarded Milestone I in June 1998. Currently, the PM is conducting technical demonstrations and evaluations while developing the first "block" in three "builds," the last of which will be jointly fielded worldwide. A prototype TMIP system was demonstrated at Ft. Gordon, GA, in July 1999, in conjunction with joint exercises GRECIAN FIREBOLT and GOLDEN MEDIC 99.

TEST & EVALUATION ACTIVITY

No OT&E has been conducted on TMIP. The Joint Requirements Oversight Council approved a Capstone Requirements Document in January 1999. The Operational Requirements Document for TMIP Block 1 is currently in the joint staffing process. A Capstone TEMP, along with an annex that specifically addresses TMIP Block 1, is also being staffed. IOT&E, to be conducted by OPTEC, the lead independent OTA, will be performed on each of the Block 1 "builds." Build 1.0, to be used initially by the Army, is scheduled for a Limited User Test in February 2000. Build 1.1, to be used initially by the Navy, is scheduled for a Limited User Test in June 2000. Build 1.2, the final and first fully joint version of TMIP Block 1, is scheduled for OT&E in October 2000.

TEST & EVALUATION ASSESSMENT

TMIP must integrate several existing and developmental systems into a single system that can be easily used by theater commanders and medical personnel in combat environments. Its heavy dependence on the successful operation of the other systems presents additional technical challenges. The functional and operational testing of each TMIP application is supposed to be accomplished prior to delivery to the TMIP PM for integration. This can impose a scheduling problem for TMIP, since a delay

in or problem with any application can impact the delivery of that TMIP block. For this reason, the TMIP PM is developing some applications on his own (e.g., medical encounters, immunization tracking) because shared versions from CHCS II are not yet ready. Furthermore, programmatic and OT responsibilities for a “smart card” called the Personal Information Carrier, have not been completely resolved.

For connectivity, TMIP will depend on existing limited tactical communications systems that will be heavily stressed with fragmented responsibilities. (For example, the transfer of data to the TMIP Interim Theater Data Base is being addressed by the TMIP PM, but not the transfer of data between health care echelons). While some of these situations may be unavoidable, they complicate both operational testing and operational planning and execution. DOT&E is actively working with the medical functional community, OPTEC, and TMIP PM to address all of these issues so that a comprehensive T&E plan can be developed. It will be challenging to ensure that the testing environment mirrors the expected theater operational conditions.

